

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90566 043 \*\*\*150.00

**DOCUMENT # 623668**

1. Entity Name  
H.I.S. COMPUTERMATION, INC.



Principal Place of Business  
1533 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 US

Mailing Address  
1533 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1912634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, RANDAL JAMES  
555 LAKE CIRCLE  
MELBOURNE, FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAMIREZ, RANDALL J  
STREET ADDRESS 555 LAKE VICTORIA CIR  
CITY-ST-ZIP MELBOURNE, FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME RAMIREZ, RAYMOND J  
STREET ADDRESS 7667 N WICKMAN PL APT 513  
CITY-ST-ZIP MELBOURNE, FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SDTD  
NAME RAMIREZ, RAYMOND  
STREET ADDRESS 3228 LEGENDARY LANE  
CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WILSON, ROGER  
STREET ADDRESS 19 W EDGEWOOD DR  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RAMIREZ, RONALD J  
STREET ADDRESS 3692 DOGWOOD CIR  
CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2270 Hickory Creek  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ramirez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 321-254-5555